Objectives: The aim of this EULAR Task Force was to identify a core set of data items which can easily be collected from clinicians and facilitates examination of disease course and outcome.

Methods: A multidisciplinary EULAR task force group of 20 experts including rheumatologists, epidemiologists and patient representatives was assembled and breakout groups formed for a meeting at which items from a previously compiled collection of core parameters for a GCA registry were evaluated. Results were presented to the other group members following a structured process for discussion and consensus finding. The meeting was followed by several rounds of discussions to achieve consensus.

Results: A total of 95 items were identified, subdivided into the following categories: General, Demographics, GCA-related signs and symptoms, Other medical conditions, and Treatment. Suitable instruments and assessment intervals were determined for documentation of each item. To facilitate implementation of the recommendations in both primary care and scientifically oriented registers, a minimum core set of parameters was distilled, with supplemental items that can be added optionally depending on the designated purpose of individual registers.

Abstract SAT0535 – Table 1. A minimum core set of parameters to be collected in giant cell arteritis registries and databases

Table 1

<table>
<thead>
<tr>
<th>Item</th>
<th>Instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
<td>age, date of birth</td>
</tr>
<tr>
<td>GCA-related signs &amp; symptoms</td>
<td>cranial, partial visual loss (blindness), vertigo, diplopia, jaw claudication</td>
</tr>
<tr>
<td></td>
<td>current medication</td>
</tr>
<tr>
<td>Treatment</td>
<td>current GC, tapering (at the rate of 5 mg/day)</td>
</tr>
<tr>
<td></td>
<td>recent GC (at the rate of 10 mg/day)</td>
</tr>
<tr>
<td></td>
<td>acute mediation</td>
</tr>
<tr>
<td></td>
<td>historical treatment</td>
</tr>
<tr>
<td></td>
<td>laboratory data</td>
</tr>
</tbody>
</table>

Conclusions: This core set intends to ensure that data from different GCA registries and databases can be compared for the dual purposes of clinical research and improving clinical care, thereby facilitating collaborative analyses.


SAT0536 MULTIPLE RELAPSES IN PATIENTS WITH GIANT CELL ARTERITIS

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Background: Glucocorticoids (GC) remain the mainstay of treatment for patients with GCA. However, relapses and recurrences (events) occurred in 34% to 74.5% of the patients.1-3 Most studies compared mainly patients with disease relapses/recurrences to whom without any.

Objectives: To compare patients who had multiple events to those who presented only one in order to identify characteristics and predictive factors of multiple events in patient with GCA

Methods: From 1976 to 2016, we collected prospectively clinical, laboratory, and pathological data, and the treatments and outcomes, of consecutive patients who were diagnosed to have GCA based ACR classification criteria. We compared these patients in patients who had more than one event (group 1), either a relapse or a recurrence, to those who had only one (group 2), Relapse was defined as occurrence of clinical symptoms and/or inflammatory parameters, attributable to GCA, which required increased medication during follow-up i.e. under GC therapy while new disease activity after a period of remission was defined as a recurrence.

Results: We included 494 patients for whom data was collected. Forty-seven patients were excluded from our cohort due to lack of data. Among the 447 patients, 228 (51%) presented at least one event. Mean age of this population was 73±3 years with female predominance (70%). The median follow-up was 75±55 months. Among these patients 139 (61%) had only one event while 89 (39%) presented more than one. The total number of events was 477 of which 89 recurrences. Events occurred during the first year of treatment in 74% of patients. The majority of these events occurred with a mean prednisone dose of 12.8±19 mg/day (median dose 10 mg/d). In univariate analysis, significant differences between both groups is illustrated in table 1. Multivariate analysis showed that ear pain and an elevated ESR were predictive factors of multiple events (OR: 2.45 and 1.93; p<0.04 and p=0.03 respectively). We also found that this risk is lower in patients over 80 years-old (OR: 0.35, p=0.008)

Conclusions: Patients with more than 1 event represent 7% to 46% of patients with event1-3 which is consistent with our study (39%). The event occurred most often during the first year of GC therapy in our cohort (74% of patients) while it affects 24% to 50% of patients in other series for the same period.1-3 This difference could be explained by the heterogeneity of GC protocols. We did not found any positive correlation with hypertension, diabetes, and deep vein thrombosis that seemed to be more frequent in patients with multiple events.2 In our study, this group of patients appeared younger and presented more oftenly with cough, ear pain, and polymyalgia rheumatica that preceded GCA. Logically, in these patients, corticosteroid therapy was longer and the use of GC-sparing agent was more common. Although getting remission was more difficult in these patients, the long-term prognosis is not poor.

REFERENCES:

Disclosure of Interest: None declared

SAT0537 IS BALANCE AFFECTED IN BEHÇET’S DISEASE AND WHAT ARE THE FACTORS THAT EFFECT THE BALANCE?

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Background: Behcet’s Disease (BD) is a multisystem vasculitis that has a broad range of manifestations. Balance as a complex task may be affected in BD and this may cause postural instability and fall risk.

Objectives: The aim of this study was to determine the fall risk in cases with BD with an objective computerised technique and to evaluate the potential related risk factors for falls in these cases.

Methods: After calculating sample size as 24 (with%95 confidence interval and±5 standard deviation), 30 patients with BD (according to The Behcet’s...
AORTIC INVOLVEMENT IN RELAPSING TREATMENT WITH INTRAVENOUS IMMUNOGLOBULIN

of Rheumatology, Cerrahpa ístanbul Internal medicine division

SAT0538

AORTIC INVOLVEMENT IN RELAPSING POLYCHONDritis: A SYSTEMATIC REVIEW

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Background: Aortic involvement (AI) is an important complication of relapsing polychondritis (RP). Current literature is based on case reports and small case series.

Objectives: To delineate the clinical characteristics and outcome of AI in RP through a systematic literature review (SLR).

Methods: We searched all English articles retrieved with relevant keyword combinations listed in PubMed until October 2017. Initially the titles and abstracts were screened by two investigators and articles considered to be relevant (involvement of the aorta and the aortic valve) were identified. Data extraction was done by the same investigators.

Results: The SLR revealed 352 papers of which 162 were discarded at the first step and a further 114 after full reading. After excluding 5 articles reporting on the same patient, we finally had 71 papers reporting 97 patients. The sex distribution was identifiable in 79 patients of whom 39 were men and 40 were women. The median age at the first symptom of RP was 31.5 years [IQR:27.9–35.3], the median age at RP diagnosis was 36 years [IQR:28–43 years]; median age at the diagnosis of AI was 37 years [IQR:29–49 years]. Median duration from first RP diagnosis to AI diagnosis was less than 1 year [Range:0–21]. AI was the presenting symptom in 3 patients. Seventy patients (73%) had involvement of thoracic aorta and 16 (23%) had involvement of the abdominal aorta. Other involved arteries were: coronary (8 patients), subclavian (5 patients), renal (3 patients), iliac (3 patients) and others (8 patients). Two patients had neurologic and renal involvement, respectively. The most common symptoms were dyspnea (40%), followed by chest pain (13%) and fever (9%). The diagnosis of AI was made during surgery in 6 patients and with different radiologic methods ranging from chest x-ray to PET-CT. All patients excluding 1 received corticosteroids either alone or in combination with classical immunosuppressives (cyclophosphamide, azathioprine, methotrexate, mycophenolate mofetil) or biologics (infliximab, tocilizumab, abatacept).

Conclusions: 

Few patients have been described but AI should be considered in the differential diagnosis of AI. Further studies to determine the prevalence of AI are needed to improve the management of these patients.

Disclosure of Interest: None declared


TREATMENT WITH INTRAVENOUS IMMUNOGLOBULIN IN THE VASCUlitis ANCA POSITIVE. 27 CASES STUDIED IN A SINGLE REFERENCE CENTRE

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Objectives: Invasusve immunoglobulins (IGIV) is a therapeutic alternative in vasculitis ANCA+specially in cases of refractory or superinfection.We study the efficiency and safety in the short and long term of the IGIV in the vasculitis ANCA.

Methods: Descriptive and observational study of 27 patients with vasculitis ANCA from a reference tertiary hospital. We analysed the treatments received, the clinical and analytical evolution and the diagnosis of activity and evolution (TABLE).Birmingham Vasculitis Activity (BVAS) was the activity index used, and for prognosis Five Factory Score (FFS),Results are indicated as mean ±SD when applicable.

SATO540

THE FREQUENCY OF RECURRENT ORAL ULCERS IN FAMILY MEMBERS OF PATIENTS WITH BEHÇET’S DISEASE

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Background: It is unknown whether the observed geographic disparities in Behçet’s Disease (BD) occurrence reflect primary genetic susceptibility or environmental influences within specific populations. Family aggregation studies may help to discriminate between environmental and genetic components but there are no large family surveys.

Objectives: The aim of this study was to contribute to a better understanding of the genetic aspect of familial aggregation studies in Turkey.

Methods: The study group consisted of siblings and children of 133 unrelated consecutive patients followed up at the BD outpatient clinic in FSM Hospital, ístanbul. Siblings and children were interviewed via telephone regarding if they had ever suffered from recurrent oral ulcerations (ROU). Children less than ten years old were surveyed via discussion with their parents. Symptoms and signs of Behçet’s disease in family members were also interviewed via telephone. Subjects experience ROU, at least three episodes in one year, were invited to attend further examination, and also were asked whether anyone in their family had BD.

Results: Total 133 patients with BD (86 F, 47 M, respective mean ages: 39.9 ±11.7, 43.9±10.4 years) had 271 children (137 F, 134 M) and 642 siblings (319 sisters, 323 brothers, respective mean ages: 42.1±13.6, 40.7±14.4 years). All 642 siblings were contacted by telephone; 62 siblings (33 F, 29 M, respective mean ages: 17.9±9.8, 18.2±9.9 years) and 84 children (63 F, 21 M) had positive ROU history. All probands were invited, 36% family members attended. Apart from patients with BD, 146 family members had ROU (14%). The estimated ROU rate among siblings and children was 9.6%, and 31% respectively. Among members there were 13 patients with BD (2 fathers, 1 mother, 2 children, 3 brothers, 5 sisters). Eleven of these were diagnosed at another centre. We identified 2 additional patients who met ISG criteria during the survey. Only five spouses had ROU (0.5% of members).

Conclusions: In a study from Istanbul, ROU was reported as 9.5% in the general population. In our previous study, that was conducted in an area that was reported to have a high frequency of ROU, 81% of the population had a positive ROU. In our study, this percentage was 31%. This may be due to the low ROU in the general population. In our previous study, that was conducted in an area that was reported to have a high frequency of ROU, 81% of the population had a positive ROU. In our study, this percentage was 31%. This may be due to the low ROU in the general population. In our previous study, that was conducted in an area that was reported to have a high frequency of ROU, 81% of the population had a positive ROU. In our study, this percentage was 31%. This may be due to the low ROU in the general population.

Disclosure of Interest: None declared